



## **BOLTON FAMILY KARATE RISK ASSESSMENT FORM**

Venue: Connections Community Methodist Church

Name and position of person doing check: Dawn Edwards

Date of check:

### **Playing/Training/Activity area**

Check that the area and surroundings are safe and free from obstacles.

Is the area fit and appropriate for activity?

Yes ✓      No ☐

(eg check floor, roof leaks, lighting, heating, security and welfare arrangements. If no, please outline the hazard, who may be at risk and action taken, if any.)

### **Equipment**

Check that it is fit and sound for activity and suitable for age group/ability.

Is the equipment safe and appropriate for activity?

Yes ✓      No ☐

(eg check there is no equipment left from other activities or obstructions left in the sporting area. If no, please outline unsafe equipment, who may be at risk and action taken, if any.)

## Participants

Check that the attendance register is up to date with medical information and contact details. Check that participants are appropriately attired for the activity.

Is/are the register(s) in order?

Yes ✓      No ☐

(If no, please outline current state and action taken, if any.)

Are participants appropriately attired and safe for activity?

Yes ✓      No ☐

(If no, please outline unsafe equipment/attire and action taken, if any.)

## Emergency points

Check that emergency vehicles can access facilities, and that a working telephone is available with access to emergency numbers.

Are emergency access points checked and operational?

Yes ✓      No ☐

(If no, please outline the issues and action taken, if any.)

Is a working telephone available?

Yes ✓      No ☐

(If no, please outline the issues and action taken, if any.)

## Safety information

Check that evacuation procedures are published and posted somewhere for all to see. Ensure that volunteers and staff have access to information relating to health and safety.

Are emergency procedures published and accessible to those with responsibility for sessions in the provider?

Yes ✓

No ☐

(If no, please outline what information is missing and action taken, if any.)

Does

the club need to take any further action? (If yes, please specify.)

SIGNED: DAWN EDWARDS

DATE: 06/03/2025

NAME: MRS D.L. EDWARDS

*NB A new risk assessment form must be completed each year, to ensure you cover the provider should the incident happen again and any resultant changes made to the code of conduct.*

